

**OFFICER'S BATTERY REPORT**  
CHICAGO POLICE DEPARTMENT

RD NO **JA260884**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION			
NAME (LAST - FIRST - M.I.) <b>HERNANDEZ, MARTIN</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR			
STAR NO. <b>6529</b>	POSITION <b>POLICE OFFICER</b>	ADDRESS OF OCCURRENCE <b>4619 W MAYPOLE AVE</b>			
DATE OF APPOINTMENT <b>03-JUN-2013</b>	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)		
UNIT OF ASSIGNMENT <b>011</b>	BEAT/CALL NO. <b>1161A</b>	LOCATION CODE <b>303-SIDEWALK</b>	BEAT OF OCCURRENCE <b>1113</b>		
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>WHITE HISPANIC</b>	DATE OF OCCURRENCE <b>12-MAY-2017</b>	TIME <b>14:25:00</b>		
HEIGHT <b>506</b>	WEIGHT <b>185</b>	DAY OF WEEK <b>FRIDAY</b>			
NO. OF OFFICERS BATTERED <b>2</b>					
WERE THERE ASSISTING UNITS ON SCENE? 1. <input type="checkbox"/> YES 2. <input checked="" type="checkbox"/> NO					
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? _____					
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED					
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____  <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		<p>WORKING:  <input type="checkbox"/> A. ALONE  <input checked="" type="checkbox"/> B. WITH ONE PARTNER  <input type="checkbox"/> C. WITH MULTIPLE PARTNERS          How many? _____</p> <p>PATROL TYPE:  <input checked="" type="checkbox"/> A. SQUAD CAR  <input type="checkbox"/> B. FOOT  <input type="checkbox"/> C. BICYCLE  <input type="checkbox"/> D. APV/MOTORCYCLE  <input type="checkbox"/> E. SQUADROL  <input type="checkbox"/> F. OTHER _____</p>	<p><b>MANNER OF ATTACK</b></p> <p><input checked="" type="checkbox"/> 01. SHOT  <input checked="" type="checkbox"/> 02. SHOT AT  <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT)  <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT)  <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)</p>		
TYPE OF ACTIVITY				<p><b>TYPE OF WEAPON/THREAT</b></p> <p>(Check all that apply):</p> <p><input checked="" type="checkbox"/> A. FIREARM CALIBER <b>9 MM</b></p> <p><input type="checkbox"/> B. VEHICLE</p> <p><input type="checkbox"/> 1. REVOLVER  <input checked="" type="checkbox"/> 2. SEMI-AUTOMATIC  <input type="checkbox"/> 3. RIFLE  <input type="checkbox"/> 4. SHOTGUN</p> <p><input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT</p> <p><input type="checkbox"/> D. HANDS/FISTS  <input type="checkbox"/> E. FEET  <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.)  <input type="checkbox"/> G. VERBAL THREAT (ASSAULT)  <input type="checkbox"/> H. OTHER (SPECIFY) _____</p>	
<input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input checked="" type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) _____ CHARGE _____ IUCR CODE _____		<p><b>FIREARM USE INFORMATION</b></p> <p>(Check all that apply):</p> <p><input type="checkbox"/> A. OFFICER AT GUNPOINT  <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED  <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON</p>		<p><b>OFFENDER INFORMATION</b></p> <p>SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F RACE <b>BLACK</b> DOB <b>02-MAY-1992</b></p> <p>CB NO <b>19478626</b> IR NO. _____</p>	
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) _____ ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____		<p>WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?</p> <p><input type="checkbox"/> 1. YES  <input type="checkbox"/> 2. NO  <input checked="" type="checkbox"/> 3. UNKNOWN</p>		<p>GANG RELATED?</p> <p><input type="checkbox"/> 1. YES  <input type="checkbox"/> 2. NO  <input checked="" type="checkbox"/> 3. UNKNOWN</p>	
<input type="checkbox"/> K. OTHER _____		<p>NO. OF OFFENDERS PRESENT? <b>1</b></p>			
TYPE OF INJURY TO OFFICER		WEATHER CONDITIONS			
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		<p><b>LIGHTING CONDITIONS AT INCIDENT</b></p> <p><input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK  <input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT  <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR  <input type="checkbox"/> C. DAWN <input type="checkbox"/> 2. GOOD</p> <p><b>WEATHER CONDITIONS</b></p> <p><input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER  <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL  <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND</p> <p>APPROXIMATE OUTDOOR TEMPERATURE <b>65° F</b> <b>1085786</b></p>			

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**Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).**

REPORTING MEMBER - SIGNATURE  
**HERNANDEZ, MARTIN**

STAR NO.  
**6529**

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
**BAY, ROGER J**

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